PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P970001001	42
A Communication Martin		

1. Corporatio BRYAN (& HOLMES, INC.	Mailing Address 3350 OVERLOOK ROAD							
LARGO FL 337	70	LARGO FL 33770				00 107 147		0.004.05	
					D-4- I	DO NOT W		SPACE	
					I	r corporated or Qualife	U		
	No. of Duciness	2a, Mailing Address			4. FEI N			An	plied For
-,	Place of Business	26				59-34876	89		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	
22		27			5. Certifo	ite of Status Desired		Fee Re	cuired
City & S at	te -	City & State			B. Elečtio	n Campaign Financin		\$5.00	May Be
23		28			Trust	und Contribution		Added t	c Fees
Zip	Country	Zip	Country		8. This c	crporation owes the cu	rrent year In		
24	25		90			nal Property Tax.			
	9. Name and Address of Curr	ent Registered Agent			10. Name	and Address of New	Registered	Agent	
ANIE	RILAWYER		81	Name)	ONALD	E. HOLM	IE S		
	ALMERIA AVENUE		82	Street Add	ress (P.O. Bo	Number is Not Accep	table)		
	VAL GABLES FL 33134		83		<u> </u>	VERCOOF	C CD	<u>, </u>	
CON	AL CADILO I C CO IO		[83						
			84	City /	4860		FL	85 Zip C	ode
	to the provisions of Sections 607.00 registered agent, or both, in the Stat im familiar with, and accept the oblig				7890		<u> F</u> L	_ 3 2	770
SIGNATURE	Signature, typed or printed nai te of registered e	nes.			d when reinstaling		DATE		
12.	PTD	DELETE	1.1 TITLE		- NOO!!!	C.145/0/17/14/14/15/15/15/15	110010	Change	Addition
NAME	HOLMES, DONALD E		1.2 NAME						
STREET ADDRESS	OLEGI GOV DOLD			ADDRESS					
CITY-ST-ZIP	LARGO FL 33770		14 CITY-S						
TITLE	VSD	DELETE	2.1 TITLE					Change	Addition
NAME	BRYAN, ANN H		2.2 NAME						
STREET ADDRE! S	3350 OVERLOOK ROAD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LARGO FL 33770		2.4 CITY-9	5T-ZIP					
DILE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRES S			- 33STREET	ADORESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					—
TITLE		☐ DELETE	4.1 TITLE	1		•		Change	Addition
NAME			4.2 NAME				•		
STREET ADDRE: S			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	1-ZIP			 -		Addition
TITLE		☐ DELETE	5.1 TITLE	1				Change	L. Abolibor
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP		□ Act rate	5.4 CITY-ST	T-ZIP				☐ Change	Addition
TITLE		☐ DELETE	62 NAME	}				C) curide	
NAME			1	, AODOCCC					
STREET ADDRESS	:1		63 STREET	I ALIUNICAS					

CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cirtify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, ex on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

FILED

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90167 015 ***150.00